

COLORECTAL CANCER IN TENNESSEE

Data Fact Sheet

What is Colorectal Cancer?

Colorectal cancer is a cancer that starts in the colon or the rectum. Most colorectal cancer is derived from abnormal growths called polyps, inside the colon or rectum.

From 2003 until 2012, colorectal cancer was the fourth most commonly diagnosed cancer in men and women combined in Tennessee. Colorectal cancer is also the second leading cause of cancer related deaths among men and women in Tennessee during these same years.

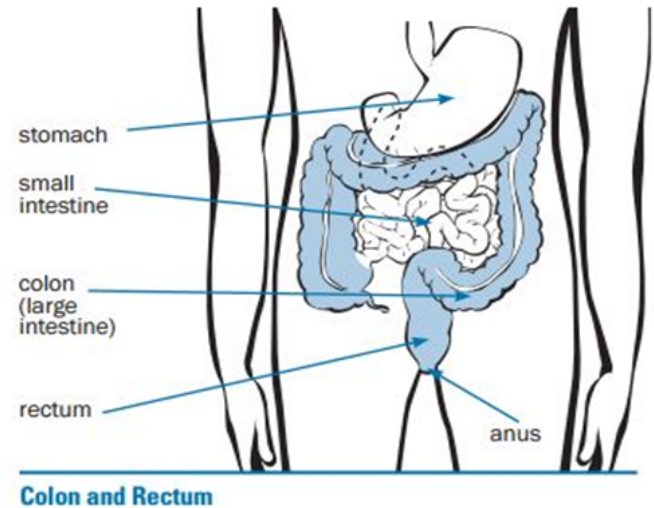


Image courtesy of the Centers for Disease Control and Prevention

RISK FACTORS



Roughly **ONE** in five people will get colon cancer in their lifetime.



Roughly **ONE** in twenty-five people will die from colorectal cancer.

Factors You Can Change

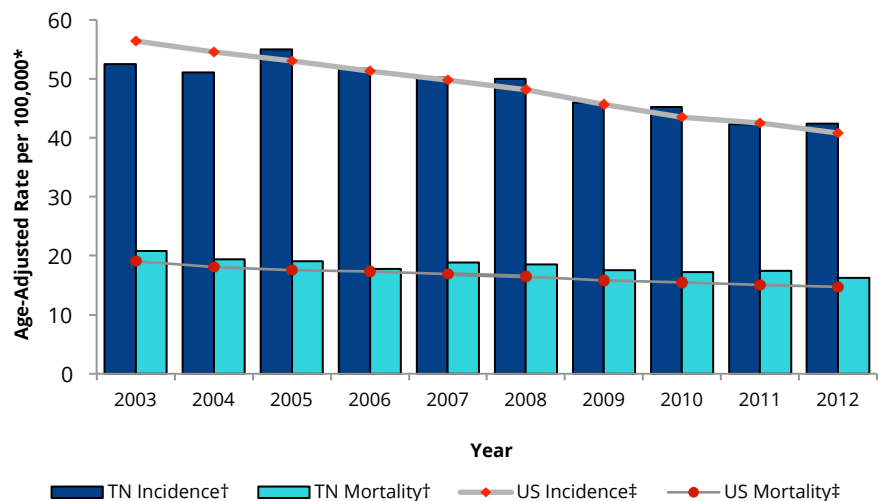
- Obesity
- Physical Inactivity
- Diets high in red and processed meats
- Smoking
- Heavy Alcohol Use

Risk Factors You Cannot Change

- Being over 50 years of age
- Personal history of inflammatory bowel disease
- Personal history of colorectal polyps
- Family history of colorectal cancer
- Having an inherited syndrome

TRENDS IN TENNESSEE AND THE U.S

FIGURE 1.
COLORECTAL CANCER INCIDENCE AND MORTALITY
TRENDS, TENNESSEE AND UNITED STATES, 2003-2012



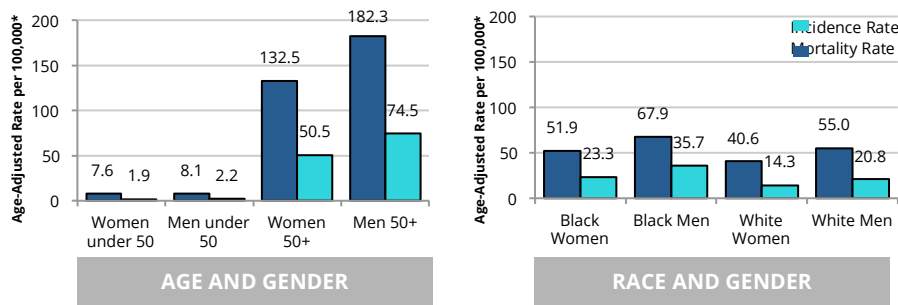
*Age-adjusted to the 2000 US standard population (19 age groups – Census P25-1130) standard.
† Office of Cancer Surveillance, Office of Surveillance, Epidemiology & Evaluation, Division of Policy, Planning and Assessment, Tennessee Department of Health.
‡ United States Cancer Statistics: 1999-2012 Mortality, WONDER Online Database, United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2015.

- The colorectal incidence and mortality rates were consistent with that of the United States.
- The colorectal cancer incidence and mortality rates have declined over the past 10 years.
- In 2012, Tennessee had the 21st highest colorectal cancer incidence rate and the 8th highest colorectal cancer mortality rate in the United States.



COLORECTAL CANCER IN TENNESSEE

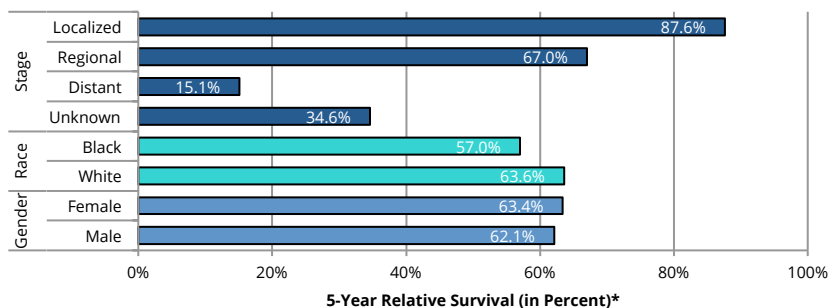
FIGURE 2. COLORECTAL CANCER INCIDENCE AND MORTALITY RATES BY AGE, RACE, AND GENDER, TENNESSEE, 2003-2012



*Age-adjusted to the 2000 US standard population (19 age groups – Census P25-1130 standard. Note: Sample sizes in other racial/ethnic populations were small resulting in unstable rates; thus, rates are only presented for black and white individuals. Data Source: Office of Cancer Surveillance, Office of Surveillance, Epidemiology & Evaluation, Division of Policy, Planning and Assessment, Tennessee Department of Health.

- Men in Tennessee have higher incidence and mortality rates than women in Tennessee. The same was observed for men and women over 50.
- Black women and men experienced much higher incidence and mortality rates than white women and men.

FIGURE 3. COLORECTAL CANCER 5-YEAR RELATIVE SURVIVAL, BY STAGE OF DIAGNOSIS, RACE, AND GENDER, TENNESSEE, 2003-2012



*Office of Cancer Surveillance, Office of Surveillance, Epidemiology & Evaluation, Division of Policy, Planning and Assessment, Tennessee Department of Health. †Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Incidence – SEER 18 Regs Research Data + Hurricane Katrina Impacted Louisiana Cases, Nov 2014 Sub (1973-2012 varying) – Linked To County Attributes – Total U.S., 1969-2013 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2015, based on the November 2014 submission. **In situ:** Abnormal cells are present only in the layer of cells in which they originated. **Localized:** Cancer is limited to the organ in which it began, without evidence of spread. **Regional:** Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. **Distant:** Cancer has spread from the primary site to distant organs or distant lymph nodes.

- The overall survival rates were higher for individuals diagnosed with colorectal cancer in the early stages (i.e., in situ and localized) as opposed to the late stages (i.e., regional and distant).
- Based on a chi-square analysis of the cancer staging data in Tennessee, black Tennesseans were more likely to be diagnosed in the late stages of colorectal cancer than white Tennesseans, which may at least partially explain the shorter survival times in black Tennesseans compared to white Tennesseans.†
- Based on data from SEER 18 Registries from 2003 to 2012‡, approximately 65.1% of colorectal cancer patients survived 5 years or more after their initial diagnosis. This means that 65 out of 100 people who have colorectal cancer are still alive 5 years after being diagnosed.‡



In November 2015, the Northeast Region of the Tennessee Cancer Coalition (TC2) spearheaded a pilot Colorectal Cancer event that focused on reducing colon cancer in families with a history of Lynch Syndrome.

The Northeast Region of TC2 is partnering with Wellmont Health Systems and local health departments to host a Colorectal Cancer event to increase awareness of colorectal cancer and increase colonoscopy screening. The event will be hosted by the Central Baptist Church in Johnson City, TN on April 10th, 2016.

For more information on this coalition event, please call (800) 547-3558
Join us in making a difference!

COLORECTAL SCREENING

What are the Symptoms?

Some individuals with colorectal polyps or colorectal cancer have symptoms that may include:

- Blood in or on your stool
- Constant stomach pain, aches, or cramps
- Unexplained weight loss

How can I lower my risk of colorectal cancer?

- Maintain a healthy weight
- Add exercise into your routine
- Limit alcohol intake
- Participate in screening

When should I get tested?

If you're 50 or older, getting a colorectal cancer screening test could save your life. Tests used for colorectal screening include:

Sigmoidoscopy

- A flexible, lighted tube is inserted in the rectum and lower colon to check for cancer.

Colonoscopy

- A longer, flexible tube is used to look at the entire colon and rectum.

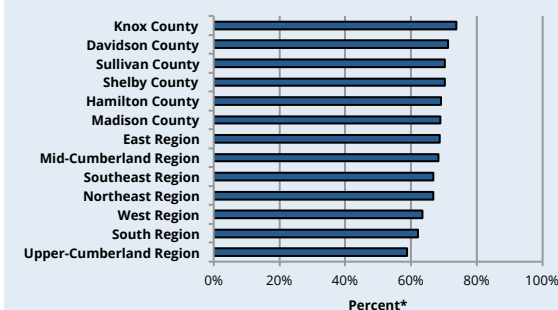
Blood Stool Test

- A sample stool is checked for abnormalities.

Double Contrast Barium Enema

- X-rays of the colon and rectum are taken after a liquid containing barium is inserted into the rectum.

FIGURE 4. RESPONDENTS AGED 50 YEARS AND OLDER WHO HAVE EVER HAD A SIGMOIDOSCOPY OR COLONOSCOPY, TENNESSEE, 2012



*Percent of individuals age 50 years and older who have had a sigmoidoscopy or colonoscopy. Data Source: Tennessee Behavioral Risk Factor Surveillance System (BRFSS), Office of Surveillance, Epidemiology & Evaluation, Division of Policy, Planning and Assessment, Tennessee Department of Health.

ACKNOWLEDGEMENTS

Questions regarding this data fact sheet should be directed to Dr. Raquel Qualls-Hampton, Director of the Office of Surveillance, Epidemiology & Evaluation (raquel.qualls-hampton@tn.gov) or (615) 532-7111.

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